

CAMPBELL COUNTY ANIMAL SHELTER VOLUNTEER APPLICATION

Date: _____

Name: _____

Home phone: _____

Address: _____

Work phone: _____

City & Zip Code: _____

Social Security Number: _____

Employed by: _____

May we contact you at work? _____

Why do you wish to volunteer for the Campbell County Animal Shelter? _____

Have you ever volunteered at any other organization? If so, where? What did you do? Explain:

Do you type, do art work, posters, etc.? _____

What are your Special Skills, Interests, or Hobbies? _____

Do you have pets? What kind? _____

Do you have a valid driver's license? yes no

Driver License # _____

EMERGENCY NOTIFICATION: (Person to call in case of emergency)

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

City & Zip Code: _____

Your relationship to this person: _____

MEDICAL:

Is there any physical or mental reason that might hinder you from participating in this program?

Explain? _____

REFERENCES: (Please give two references)

Name: _____

Home phone: _____

Address _____

Work phone: _____

City & Zip Code: _____

Name: _____

Home phone: _____

Address: _____

Work phone: _____

City & Zip Code: _____

EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION:

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her background. Use the space below to provide additional information you feel is necessary to describe your full qualifications. Your personal interests; such as, hobbies, civic involvement, etc., may be helpful. If more space is needed, please attach additional sheets.

I, hereby acknowledge that, if I am selected as part of the Campbell County Animal Shelter Volunteer Program, I serve at the will and pleasure of the county, the elected officials, or the agent, and that I may be released as a volunteer at any time, for any cause or reason, or for no cause or no reason at all. I agree to abide by the regulations in the Campbell County Animal Shelter Handbook. I also understand and agree that regardless of any oral or written representations made by the County, its elected officials, employees, agents, or any other person, my participation in the Campbell County Animal Shelter Volunteer Program will continue to be at the will and pleasure of the County, its elected officials or agents.

I also understand that no ordinance, resolution, code, order, minutes, rules, regulations or any other document shall be construed by me as an expressed or implied, contract modifying in any way, serving the Animal Shelter Volunteer Program at will, unless such documents expressly states that it is intended as a Volunteer Contract and that it is intended to expressly change or modify my individual participation as a volunteer with the Campbell County Animal Shelter.

Date

Prospective Volunteer

RELEASE OF LIABILITY

I, the undersigned, in exchange for my being permitted to work as an animal shelter volunteer, hereby agree to release the Campbell County Animal Shelter and hold it harmless for any and all liability for any injuries or damage I may receive while volunteering as an animal shelter volunteer.

I, further hereby acknowledge that as a volunteer, I may not be eligible for Worker's Compensation and agree to hold the Campbell County Animal Shelter harmless for same.

Date

Animal Shelter Volunteer

CERTIFICATION

I certify that the above information is correct and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of material fact may be cause for rejection of my application, or for my termination after selection into the Volunteer Program at the Campbell County Animal Shelter. I understand and agree the statements made in this application may be subject to verification concerning same and I hereby release any such person from any and all liability for any damage whatsoever incurred in furnishing such information.

Date

Signature
